



UNIVERSITY AT ALBANY

State University of New York

REPORT OF STUDENT/PUBLIC ACCIDENT OR INJURY

ALL ITEMS MUST BE COMPLETED.

NAME OF INJURED:	DATE OF BIRTH: _____ SEX: M or F MO ___ DAY ___ YEAR ____
STATUS: Circle one FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE VISITOR OTHER _____	SCHOOL ADDRESS, if applicable (include phone #):
HOME ADDRESS (include phone #):	DATE AND TIME OF ACCIDENT:
EXACT LOCATION OF ACCIDENT (Specify building, room #, parking lot, walkway, etc.):	<u>FULLY</u> DESCRIBE HOW THE ACCIDENT HAPPENED:
DESCRIBE TYPE OF INJURY AND PART OF BODY AFFECTED (e.g. Cut to right arm, sprain to left ankle, etc.):	DID STUDENT/VISITOR GO TO UNIVERSITY HEALTH SERVICES, DOCTOR OR HOSPITAL? YES ___ NO ___ UNKNOWN ___ IF YES, DOCTOR AND/OR HOSPITAL (Name & Address): _____ _____
WITNESSES (Name, Address & Phone #): A. _____ _____ B. _____ _____ C. _____ _____	REPORT COMPLETED BY (<u>Please Print</u>): NAME: _____ PHONE #: _____ DATE: _____ CAMPUS ADDRESS: _____ SIGNATURE: _____

Retain a copy for your files & send the original to Office of Environmental Health and Safety in Chem. B73.